University Heights
The City of Beautiful Homes

AIR CONDITIONING, HEATING, VENTILATING SYSTEMS APPLICATION

FOR OFFICE USE ONLY

Date _____
Permit # _____
Receipt # _____
Amount _____
Inspector _____
Issued by _____

State License # _____

(please print)

☐ **RESIDENTIAL**

Location _____
Owner _____
Address _____
City/State/Zip _____
Home # _____
Work # _____
Tenant's Name _____
Phone # _____

☐ **COMMERCIAL**

Location _____
Business _____
Phone # _____
Owner _____
Address _____
City/State/Zip _____
Phone # _____
Agent _____

(check one)

☐ Home Owner Permit ☐ Contractor Permit

CONTRACTOR INFORMATION

Company Name _____
Address _____
City/State/Zip _____
Phone _____
Contact _____
Work to be performed by _____

☐ General Contractor
☐ Subcontractor from:
Name _____
Address _____
City/State/Zip _____

Are you currently registered with the City of University Heights?
☐ No ☐ Yes: Number _____ Expiration Date _____
Date installation will begin _____ Completed _____
Estimated Cost $_____

DESCRIPTION OF PROPERTY

Address _____ Plot # _____ Sub Lot _____ Lot Size _____
Set Back _____ Right Side Yard _____ Left Side Yard _____ Rear Yard _____
Building Size _____ Garage Size _____ ☐ Attached ☐ Detached
Type _____ Number of Stories _____

(For Commercial Installation Only)
Use Group _____ Zoning District _____

SPECIFICATIONS AND DESCRIPTION OF WORK

Compressor Location: _____

(Check all that apply)

☐ New Installation ☐ Replacement ☐ Addition to Existing ☐ High Efficiency (90+)

☐ Central Air-Conditioning ☐ Steam Boiler ☐ Hot Water Boiler ☐ Forced Air Furnace

☐ Gravity Furnace ☐ Thru-the-Wall Heater ☐ Combination Furnace/Cooling

☐ Other (specify) _____

Existing Furnace Fuel Source

☐ Gas ☐ Oil ☐ Electric ☐ Other (specify) _____

This section must be completed before permit is issued.

A. Combustion Air Required

Furnace	Input	BTU _____
Water Heater	Input	BTU _____
Other	Input	BTU _____
ADD Total	Input	BTU _____

Amount of combustion air required for units:
50 cubic feet x $\frac{\text{Total Input BTU}}{1{,}000}$ = _____ cubic feet

B. Combustion air in available space to nearest solid door
width x length x height of room = _____ cubic feet

C. Combustion Air Value of A _____ of B _____
Value of A should be greater than B
Need make-up air? ***(circle one)*** YES NO

Combustion air, if needed, to be taken from ***(circle one)*** INDOOR OUTDOOR BOTH

Units manufactured by: _____ Model #: _____ ☐ Gas: ☐ Electric: Volts _____ Phase _____

_____ _____ ☐ Gas: ☐ Electric: Volts _____ Phase _____

New duct work: _____ (yes/no) Provide chimney liner as required by the National Fuel & Gas Code Section-501 _____ (yes/no)

Installation instructions ***(check one)***: ☐ To be submitted with application ☐ To be left with unit

Electrical service upgrade: ***(check one and complete)***
NO – Current service: _____ AMPS
YES – From _____ AMPS to _____ AMPS Name of electrical contractor: _____

Note: A separate permit is required for all and any new electrical work performed in conjunction with this installation.

SITE PLAN

(Draw a sketch of the lot/buildings and show distances from lot lines and other buildings.)

INSPECTIONS

It is hereby specifically agreed that the undersigned or their representatives will notify the Building Department to inspect all installations of heating, ventilating and air conditioning equipment. This includes all rough inspections and final inspections of all work performed.

It is the responsibility of the permit holder to make the necessary arrangements for any and all rough inspections and final inspection with the Building Department.

I have read and agree to the above terms of inspection. _____ ***(initials)***

I, THE UNDERSIGNED, agree to conform to and abide by the Ordinances of the City of University Heights, all local, state and Federal codes relating to the work to be performed. The acceptance of the permit herein applied for shall constitute an agreement on my/our part to abide by all conditions therein contained.

_____ _____

Signature *Date*

_____

(print name and title)

FOR OFFICE USE ONLY

Application # _____ Plans Received _____
yes/no

Date Received _____

Fees Paid: ☐ Cash ☐ Check ☐ Money Order

Amount(s): _____

_____

_____

Total: _____ Receipt # _____ Date _____

Reviewed By _____ Date _____

☐ Denied _____ Date _____ Fee Returned _____

☐ Approved

☐ Approved as Noted: _____

☐ More Information Required

_____ _____

Building Commissioner Signature *Date*

Permit # _____ Date _____

Issued By _____